

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/914864

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |                 |              |
|---|-----------------|--------------|
| TOTAL CLAIMS  |                 |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 28 minus 20 = * | 8            |
| INDEPENDENT CLAIMS  | 1 minus 3 = *   | -            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## SMALL ENTITY

TYPE ☐

OR

## OTHER THAN

SMALL ENTITY

|           |     |
|-----------|-----|
| RATE      | FEE |
| BASIC FEE | 430 |
| X\$ 9=    | 72  |
| X40=      |     |
| +135=     |     |
| TOTAL     | 502 |

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 710.00 |
| X\$18=    |        |
| X80=      |        |
| +270=     |        |
| TOTAL     |        |

## SMALL ENTITY

OR

## OTHER THAN

SMALL ENTITY

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

UNITED STATES INTERNATIONAL PRELIMINARY EXAMINATION AUTHORITY  
FEE CODING AND RECORDING SHEET

☐ Add Sheet

IDENTIFICATION OF THE INTERNATIONAL APPLICATION

International application No.

International filing date (day/month/year)

Applicant (Name)

PAYMENTS

PAYMENT ON FILING DEMAND

ADDITIONAL

REFUNDS

Deposit Account

Deposit Account

Deposit Account

To Deposit Account

To Deposit Account

☐

CASHCHECK

Date

Date

Date

Date

CODE

AMOUNT PAID

☐

CASHCHECK

☐

CASHCHECK

☐

BYCHECK

☐

BYCHECK

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

TOTAL Paid:

Paid

Paid

Refunded

Refunded:

Status for 983:

03/14/2002 UEDUVIJE 00000052 09914864

01 FC:967

72.00 0P

DATE MAILED

IPEA/US Authorization

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PCT/PEA/403(b) (U.S. VERSION) (11-86)

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